



# Medi-Cal Language Access Services Taskforce

The Department of Health Services (CDHS) will convene a taskforce on language access services. The CDHS, Office of Multicultural Health and the Latino Coalition for a Healthy California (LCHC) will co-chair and preside over the Taskforce. The Medi-Cal Language Access Taskforce will be charged with forming recommendations to the CDHS Administration on a model for the economical and effective delivery and reimbursement of language services in Medi-Cal.

# Membership of the Medi-Cal Language Access Taskforce

The Director, CDHS will appoint members to the Taskforce from the OMH Council and external stakeholders representing Medi-Cal limited English proficient consumers, Medi-Cal providers, and the government. The 22 member taskforce will include representation from the following categories:

## Taskforce Co-Chair

- California Department of Health Services, Office of Multicultural Health
- Latino Coalition for a Healthy California

#### **OMH Council**

• Three (3) representatives

#### Government Agencies

- California Department of Health Services (2 representatives), Medical Care Services Program
- California Department of Mental Health
- California Health and Human Services Agency
- California State Association of Counties

#### **Providers and Practitioners**

Approximately six (6) representatives

# Consumers and Advocates

Approximately six (6) representatives

Taskforce members must have the capacity to represent the views of the constituency and organization they represent. All participation on the sub-committee shall be voluntary and

without compensation unless otherwise provided by the individual organization, agency or entity that employs such an individual.

#### **Taskforce Structure**

<u>Co-Chairs & Steering Committee</u>: Carolyn Pierson, Chief of the Office of Multicultural Health will serve as a co-chair of the Taskforce. The second co-chair will be Lupe Alonzo-Diaz, Executive Director of LCHC. A steering committee will be elected at the first convening. The steering committee will be comprised of six members including the co-chairs, and representatives from each of the consumer, provider and government groups. The Steering Committee will be operational throughout the tenure of the Medi-Cal Language Access Services Taskforce.

Participation Agreement: All Taskforce members will be asked to sign a participation agreement. The participation agreement will outline the anticipated time commitment, and expectations on participation level. The participation agreement will request an affirmation that the Taskforce member will represent the viewpoint of the constituency and organization they represent. Finally, all Taskforce members will be asked to affirm their willingness to produce background documents, upon request, describing their organizations'/constituency's experience with providing or accessing language access services. With the exception of the OMH Council members, the participation agreement will make clear that resources will not be provided for travel and other expenses for members participating on the Taskforce. Some funds may be available for non-OMH Council members should travel expenses present a hardship to participation.

<u>Meetings</u>: The Taskforce will meet every other month with possible conference calls in between meetings. In certain circumstances, the Taskforce may invite other non-Taskforce members to participate in the meetings for the purpose of providing educational information and/or technical assistance. Non-Taskforce member participation in the Taskforce meetings will be coordinated through the Steering Committee. Meetings will be held in Sacramento at CDHS conference rooms to mitigate costs of meetings.

A facilitator will be retained to conduct each taskforce meeting in order to ensure the most effective use of meeting time. The facilitator will assist the steering committee in planning each taskforce meeting agenda and will document the proceedings of each meeting. Minutes of the in-person meetings and conference calls will be produced and posted on the Office of Multicultural Health website. Prior to the minutes being posted, they will be approved by the cochairs.

Process: The work of the Taskforce will be divided into three Phases and include:

- Phase One: data collection and information gathering
- Phase Two; data analysis, deliberation and developing recommendations
- Phase Three: report writing

Members will be grouped into subcommittees to focus on specific taskforce objectives. The subcommittees will include at least one member of the steering committee and one representative each from the government, provider and consumer groups. <u>Public Communication</u>: The Taskforce will disseminate progress reports (or meeting minutes) regularly to key stakeholders. OMH will create and maintain a website of taskforce progress and a depository of information and materials. The public will be encouraged to input comments via the website throughout the year-long recommendation development process. Links will be created on the main CDHS webpage and the Latino Coalition for a Healthy California website.

<u>Decision-Making Structure</u>: The Taskforce will strive to use consensus as the primary decision making approach. When consensus cannot be reached, the Taskforce members will use voting to move forward issues that arise from the Taskforce meetings and on the proposed recommendations to the CDHS. To pass a motion, the motion must secure two-thirds support of the quorum. A majority of Taskforce members must be present for any motion to be passed.

<u>Dissolution</u>: Recommendations will be finalized within twelve months after the first meeting is held and the Taskforce will be dissolved in twenty months after the first meeting is held.

### **Taskforce Charge**

#### The CDHS will:

- Compile existing data on total limited English proficient population including data on potential demand and projected utilization and frequency;
- Prepare a summary of existing state and federal laws relating to the State's obligation in providing language services to limited English proficient Medi-Cal beneficiaries;
- Identify a committee of CDHS technical experts to assist and counsel the taskforce on government process matters.

## The Taskforce shall be responsible for:

- 1. Compiling interpreter models in the health care delivery system currently used by other states
  - A. Assessing and evaluating those models, including the following
    - i. Identify and evaluate key language service delivery characteristics;
    - ii. Compile and assess best practices;
    - iii. Identify and assess existing interpretation and translation quality standards;
    - iv. Compile and assess methods for seeking federal matching funds currently used by other states
- 2. Compiling existing interpretation and translation standards
- 3. Identifying and evaluate oversight mechanisms on the delivery of language services
- 4. Evaluating Federal financial participation options for State reimbursement of language assistance services (including oral interpretation services and translation of written materials);

- 5. Preparing an analysis of options for a California Medi-Cal language service delivery system.
- 6. Analyzing CDHS limited English proficient utilization data and develop a cost analysis for each considered language service system option. Cost analysis to include estimated costs for implementation of a language service system.
- 7. Preparing a final report to the CDHS that includes:
  - A. A recommendation for a system of language services, including a cost analysis and methods to implement such a system
  - B. Recommended interpretation and translation quality standards including implementation guidelines.
  - C. A recommended Policy Statement including language on providing language services in California;
  - D. A framework for an implementation plan including a timeline.

# The Taskforce's First Convening

The Taskforce will convene a two-day meeting in early December 2006, in Sacramento. The first day will consist of educational sessions on language services. The curriculum will be prepared by the organizational sponsors of SB 1405 and will include a literature review, descriptions of reimbursement models used by other states, and presentations on promising practices.

The Taskforce will also review its charge and the Taskforce's structure. The Taskforce will select steering committee members. Finally, a 12 month calendar will be set on the first day of the first meeting.

On the second day the Taskforce will begin the twelve-month process of considering, creating, and ultimately adopting recommendations.

#### **Final Report**

The sub-committee is expected to complete its work, in final recommendation(s) form, no later than December 31, 2007. For the purposes of technical assistance and to serve as a resource to move such recommendation(s) forward, the Taskforce shall not be dissolved until August 2008.

## **Fund Development**

Organizational sponsors of SB 1405 and OMH will collaborate to seek foundation funding in order to limit any costs to the state for the Taskforce.

Language Access Taskforce **Proposed Structure** Co-Chair Co-Chair Carolyn Pierson, Lupe Alonzo-Diaz, Chief - OMH Executive Director -LCHC **Steering Committee (6 members):** Co-Chairs (2) and Consumer Advocates Governmental Agencies **Health Providers** (2) (1) (1) **Providers/Practioners Governmental Agencies (5) Existing OMH Council Consumers/Advocates (6)** Members (3) California State Association **(6)**  California Pan-Ethnic of Counties California Hospitals Asian Americans for Civil Association Health Network Department of Health Rights & Equality Services (2) California Dental Community Health Asian Pacific Islander Association Group Department of Mental American Health Forum California Family Health Los Angeles County California Black Health Physicians Association Department of Health Network California Health and Services – Diversity California Healthcare **Human Services Agency**  California Rural Legal Program **Interpreting Association** Assistance California Medical National Health Law Association Program Total Size of Taskforce: 22

To Be Determined

California Primary Care

Association